

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.0	<i>90.</i>		1		100 (101.0.12 / 1.2-1)01(104/) 15	
I. Corporate ID No. 5168	Creative P	2. Name of Corporation Creative Pool Systems, Inc				
3. Street Address Principal Business Office 17 Commerce St			Greenville	State RI	<sup>Ζιρ</sup> 02828	
4. Business Phone No. 5. State of Incorporation R1						
6. Brief Description of the Char	racter of Business Condu	cted in Rhode Island			***************************************	
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Robert Saucier			Vice President Name Robert Saucier			
Street Address 99 Pine Hill Road			Street Address Same			
City North Scituate	State RI	<sup>Zip</sup> 02857	City	State	Zip	
Secretary Name Robert Saucier			Treasurer Name Robert Saucier			
Street Address Same			Street Address Same			
City <sup>,</sup>	State	Zip	Сиу	State	Zip	
8, NAMES AND ADDRE	SSES OF THE DIRI	CTORS: ("X" BOX FOR AT	: FACHMENT) □ FILL	 IN SPACES BEFORE USIN	IG ATTACHMENTS	
Robert Saucier			Director Name			
Street Address Same			Street Address			
City	State	Zip	City	State	Zip	
Director Name	J		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	<b>ED</b> , 1 (1) (1) (1) (1)			 D <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			1600	Common	No Par	
			the state of			
This report must be executhis report must be execu	uted on behalf of the	ne corporation by an authorize corporation by the receiver FILED*	ed representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	
		FEB 1 9 2009 By 08137	Inder penalty of including any acc	perjury, I declare and affirm companying schedules and sta are true and correct.	that I have examined this report atements, and that all statement $2 - 18 - 69$	
File Date	60:111	SOCALEBIB V	Signature		Date	
Check No.		TOTAL CONTRACTOR	Robert Sau	cier		
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FOR SECRETARY O	F STATE LUSE ONLY	ing of a section of the section of t	President Title			
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